

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 175-21

01547

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 yrs.
 Hospital, institution, or street address where death occurred:
Cambridge Md. Hospital
 How long in hospital or institution? 9 hrs 42 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 230 High Street
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Preston Anderson

3. (b) Social Security Number

214-07-8753

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Negro Married

6. (b) Name of husband or wife

8 Georgia Anderson

7. Birth date of deceased (mo., day, yr.)

May 19 1912

8. AGE: Years Months Days If less than one day

33 9 2 hrs. min.

9. Birthplace

Deals Island, Som. Co. Md
(Town, county, and state)

10. Usual occupation

Truck Driver

11. Industry or business

Lumber

12. Name

Charles Anderson

13. Birthplace

Deals Island Som. Co. Md

14. Maiden name

Sarah Johnson

15. Birthplace

Deals Island, Som. Co. Md

16. Informant

Georgia Anderson

Address

Cambridge, Md

17. Burial Date thereof

Feb 24 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Deals Island

Location

Deals Island Som. Co. Md

18. Funeral director

W. H. St. Clair & Son

Address

Cambridge, Md.

19. (Date rec'd by registrar)

2/23 46 John Macep. M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 19 46 at 1:42 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 20 19 46 to Feb. 21 19 46and that I last saw him alive on Feb. 20 19 46

Immediate cause of death

Shock due to
fracture of left forearm
2. Left thigh 3. Both arms
4. Pelvis 4) and to 10th Ribs
5) Lower Sacral Spine

DURATION

11 hours

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2-20-46Where did injury occur? Tauel ? Delaware

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) IndustryMeans of injury Heavy Log falling injured at work? yesEldridge H. Wolff M.D.23. SIGNATURE Acting Deputy Medical ExaminerCambridge Md. M. D. or otherDate signed 2-21-46

RECEIVED
FEB 25 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 01548 116

1. PLACE OF DEATH:

County..... DorchesterCity or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 1 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... DorchesterCity or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No..... 27 Cemetery Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Addie S. Andrews

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife..... James A. Andrews7. Birth date of deceased (mo., day, yr.)..... Dec 24-1884

6. (c) If alive, give age..... years

8. AGE: Years..... 61 Months..... 1 Days..... 6 If less than one day..... hrs..... min.9. Birthplace..... Wicgate, Md.
(Town, county, and state)10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Joseph Fitzhugh13. Birthplace..... Lakesville14. Maiden name..... Augusta Dean15. Birthplace..... Wicgate16. Informant..... James A. AndrewsAddress..... Cambridge Md.17. Burial Date thereof..... Feb 3-1946
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory..... GreenlawnLocation..... Cambridge Md.18. Funeral director..... Benjamin P. ThomasAddress..... Cambridge, Md19. 2/2/46 19 46 John Mace Jr
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 1 19 46 at 6:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 21 19 45 to 2-1 19 46and that I last saw her alive on..... January 30 19 46Immediate cause of death..... Cerebral hemorrhageDURATION..... 1 dayDue to..... arteriosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE..... John Mace Jr

M. D. or other.....

Address..... 37 Roanoke, Cambridge Date signed..... 2/2/46

AD-10

STANDARD STANDARD

RECEIVED
FEB 6 1946
BUREAU V S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01549.

Reg. Diat. No. 116

1. PLACE OF DEATH:

County WorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 301 West End Ave.

(If rural, give LOCATION)

2(a) If veteran, name war none

3. (a) FULL NAME

Kate V. Andrews

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William T. Andrew

7. Birth date of

deceased (mo., day, yr.)

April 9, 1862

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

83924

hrs.

min.

9. Birthplace

Lakesville

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Alfred Stewart

FATHER

12. Name

Alfred Stewart

13. Birthplace

Lakesville

MOTHER

14. Maiden name

Mary Towell

15. Birthplace

Lakesville

16. Informant

Address

Mrs. Clarence W. Neau
Cambridge, Md.

17. (Burial, cremation, or removal. Which?) Date thereof

Cemetery or crematory

Burial
Greenlawns
Cambridge, Md.

Location

18. Funeral director

Address

Kenneth R. Thomas
Cambridge, Md.

19. (Date rec'd by registrar)

Feb 15th 46

19

46

John Mace Jr. M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 19 46 at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/27 19 46 to 2/3 19 46and that I last saw him ER alive on Feb 3 19 46

Immediate cause of death

MyocardialFailureDue to supraventriculararrhythmiaDue to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. J. MaceAddress Cambridge, Md.Date signed 2/4/46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 482

CERTIFICATE OF DEATH

Reg. Dist. No. 01550-100

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

8. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. When?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other condition

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

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FEB 26 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

01551

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 Years
 Hospital, institution, or street address where death occurred:
108 Gay St.
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 108 Gay St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Charles Madison Geoghegan

3. (b) Social Security Number

-

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
6.(b) Name of husband or wife <u>Clara Virginia Mulls</u> (Deceased 1941)		
6.(c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>April 2, 1863.</u>		
8. AGE: Years <u>82</u>	Months <u>10</u>	Days <u>2</u> hrs. _____ min.

9. Birthplace Baltimore, Maryland.
 (Town, county, and state)

10. Usual occupation -

11. Industry or business -

12. Name Wm. C. Geoghegan

13. Birthplace Maryland

14. Maiden name Saloma Chaney

15. Birthplace Maryland

16. Informant Wm. E. Geoghegan

Address New York City.

17. Burial Date thereof Feb. 7, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenmount Cemetery

Location Baltimore, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 2/5 1946 John Macfarlane MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4th 1946 st. 2nd M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 1944 to Jan 9 1946

and that I last saw him alive on Jan 9 1946

Immediate cause of death Coronary Thrombosis

Due to Atherosclerosis and Hypertension

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

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Other conditions _____

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

01552
Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 yrs

Hospital, institution, or street address where death occurred:

Cedar Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Cedar St.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Lewis Gumbus

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (d) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife

dead 6. (c) If alive, give age _____ years7. Birth date of deceased (mo., day, yr.) 18908. AGE: 56 Years Months Days If less than one day
hrs. min.9. Birthplace Rocky Mount, Md.
(Town, county, and state)10. Usual occupation Labaler11. Industry or business None12. Name John Gumbus13. Birthplace Maryland14. Maiden name Lear Gumbus15. Birthplace Maryland16. Informant Joseph A. WalkerAddress Cambridge17. Bethel Date thereof Jan 10-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cherry HillLocation Cambridge Md.18. Funeral director Lewis H. BaynesAddress Cambridge19. 2-9- 19 46 John Macdonald
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 19 46 at 12 Noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 3 19 46 to Feb. 5 19 46and that I last saw him alive on Feb. 1 19 46Immediate cause of death Cormary heart disease

DURATION

4 mos.Due to Arterio sclerosisOther conditions Arthritis of spine

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

John Macdonald M. D.Address Cambridge Md. Date signed 2-7-46

STANDARD GOVERNMENT PRINTING OFFICE

MADE IN THE UNITED STATES

TESTES DE L'ESCRITURE

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FEB 11 1946

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 21 Days

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 21 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Aireys
(If outside city or town limits, write RURAL and give nearest town)Street No. Aireys
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

Ellen Jane Gray

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Sampson Gray(Deceased 1921)

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) April 17, 1855.

8. AGE:

Years

Months

Days

If less than one day

90914

hrs.

min.

9. Birthplace Gray's Island, Dor. Co., Md.
(Town, county, and state)10. Usual occupation -11. Industry or business -

MOTHER FATHER

12. Name Thomas Gray13. Birthplace Maryland.14. Maiden name Ann Merrick Elliott15. Birthplace Maryland.16. Informant Mrs. Theron JonesAddress Cambridge, Maryland.17. Burial Date thereof Feb. 3, 1946.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 2/2/46
(Date rec'd by registrar)46John Mace Jr. M.D.
Registrar

25. SIGNATURE

L. O. Meredith, M.D.
Address Cambridge, Maryland Date signed Feb. 3, 1946.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1, 1946 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 10, 1946 to February 1, 1946and that I last saw him alive on February 1, 1946

Immediate cause of death

DURATION

Partial Intestinal Obstruction
Due to Growth in Region of Cecum
Cancer of intestinesUnknownDue to Cancer

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations No operation

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1142

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 1/2 years
 Hospital, institution, or street address where death occurred:
Reid's Grave
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Reid's Grave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Jeanette M. Hayes

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

August 12, 1942

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

365

.....hrs.

.....min.

9. Birthplace

Painter, Virginia
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER

12. Name

James Henry Finney

13. Birthplace

Virginia

MOTHER

14. Maiden name

Pearl Lee Rideout

15. Birthplace

Bellhaven, Virginia

16. Informant

Pearl Lee Rideout

Address

Rhodesdale, Maryland R.F.D.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof February 19, 1946
(month) (day) (year)

Cemetery or crematory

Reid's Grave Cemetery

Location

Reid's Grave, Maryland

18. Funeral director

J. J. Thompson and Son

Address

Federalsburg, Maryland

19.

Feb. 16, 1946
(Date rec'd by registrar)Chas. W. Hartung
Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH February 17, 1946 at 2:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

not at all 19. to 19. and that I last saw him or alive on not at all 19.

Immediate cause of death

Septicemic Convulsions

DURATION

1 day

Due to

acute respiratory infection2 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Moore Jr. M.D.

M. D. or other

Address Cambridge, Mass. Date signed 2/17/46

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FEB 26 1946

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01555 116 290

1. PLACE OF DEATH:

County..... **Dorchester**
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **1 day**
 Hospital, institution, or street address where death occurred:
Easterh Shore State Hospital
 How long in hospital or institution?..... **1 day**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland
 State..... County..... **Tal bot**
 City or town..... **Oxford**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war.....

3. (a) FULL NAME

George Hemming

3. (b) Social Security Number

unknown

4. Sex..... **Male**
 5. Color or race..... **White**
 6.(a) Single, married, widowed, or divorced..... **Married**
 6.(b) Name of husband or wife..... **Maudrice**
 6.(c) If alive, give age..... **60** years
 7. Birth date of deceased (mo., day, yr.)..... **June 2 1875**
 8. AGE: Years..... **70** Months..... **8** Days.....
 If less than one day..... hrs. min.

9. Birthplace..... **Drumondville, Quebec Canada**
 (Town, county, and state)
 10. Usual occupation..... **Dental technician**
 11. Industry or business..... **Unknown**

FATHER 12. Name..... **Edward Hemming**
 13. Birthplace..... **England**
 MOTHER 14. Maiden name..... **Sophie Wignan**
 15. Birthplace..... **England**

16. Informant..... **Hosp ital Records**
 Address..... **Cambridge, Maryland**

17. **Amputation** Date thereof..... **Feb. 12, 1946**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... **Adwities**
 Location..... **Washington D. C.**

18. Funeral director..... **Ellis J. Clark**
 Address..... **Boston, Md.**

19. **2/11** 19 **46**
 (Date rec'd by registrar) Registrar **N. H. Neer**

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **February 10 1946** at **7.30 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 9 1946 to **February 10 1946**
 and that I last saw him alive on **February 10 1946**

Immediate cause of death.....
Hypertensive Cardiovascular Disease
 DURATION..... **unknown**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... **Wm. H. Mumford** M. D. or other

Address..... **Cambridge Md.** Date signed..... **2/11/46**

FEB 16 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

41556

Reg. Dist. No. 111

1. PLACE OF DEATH: Worchester
 County East New Market
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Noel Henry

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Sept 7 1900 6.(c) If alive, give age..... Years

8. AGE: Years 45 Months 14 Days 23 If less than one day..... hrs. min.

9. Birthplace.....
 (Town, county, and state)

10. Usual occupation Garage Mechanic

11. Industry or business.....

12. Name Clinton Henry13. Birthplace MD14. Maiden name Alma Coulbourne15. Birthplace MD16. Informant Mrs Noel HenryAddress East New Market

17. Burial Date thereof Feb 13 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory CemeteriesLocation East New Market18. Funeral director F.B. WolloughbyAddress East New Market19. Feb 12 19 46 Elizabeth C. Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 19 46, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all 19..... to 19.....
 and that I last saw him..... alive on not at all 19.....

Immediate cause of death.....

DURATION

Coronary heart disease 1 hour

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE James Monroe J. M.C.Address 1111 N. Charles St. M. D. or otherDate signed 2/11/46

RECEIVED
FEB 14 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 23 High St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Ennalls Hooper

3. (b) Social Security Number

-

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Widowed</u>

6. (b) Name of husband or wife Martha RadcliffeJohnson Died 1932 B. (c) If alive, give age _____ years7. Birth date of deceased (mo., day, yr.) April 7, 1863.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>8</u>	hrs. min.

9. Birthplace RFD Cambridge, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Joseph Henry Hooper13. Birthplace Maryland14. Maiden name Louise Steele15. Birthplace Maryland16. Informant Mr. James H. HooperAddress Washington, D. C.17. Burial Date thereof Feb. 17, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Christ Church CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 2-12-46 John Meape MD Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1946 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 10 1939 to Feb 15 1946and that I last saw him alive on Feb 15 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 daysDue to arteriosclerotic hypertensioncardiac disease7 yrs +

Due to

Other conditions pt. ligament hernia5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. Hoff

M. D. or other

Address Cambridge, Md. Date signed 2-16-46

RECEIVED
FEB 19 1946
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all of his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD #1 - Easttown
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Alexander Jackson

3.(b) Social Security Number

4. Sex

Male

5. Color or race

Caucasian

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Frederick Jackson

7. Birth date of deceased (mo., day, yr.)

Feb 11 1916

6.(c) If alive, give age

30 - years

8. AGE:

30 Years 9 Months 9 Days If less than one day

9. Birthplace

Cambridge Md
(Town, county, and state)

10. Usual occupation

Lab tech

11. Industry or business

John R Jackson

12. Name

John R Jackson

13. Birthplace

Cambridge Md

14. Maiden name

Guwanid Bevan

15. Birthplace

Cambridge Md

16. Informant

John R Jackson

Address

Cambridge Md

17. (Burial, cremation, or removal. Which?)

East new market

Location

East new market

18. Funeral director

Levin H. Bayner

Address

Cambridge Md

19. (Date rec'd by registrar)

Feb. 23 - 1946

Registrar

John M. Jones

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20, 1946 at 3a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 17 1946 to Feb 19 1946and that I last saw him alive on Feb 19 1946

Immediate cause of death

Cohar pneumonia

DURATION

4 days

Due to

Had accident Gov 18, 1945

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

R. D. Brown MD

Address

East New Market Md

M. D. or other

Date signed 2/20/46

RECEIVED
FEB 25 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B2)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Baltimore
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 hrs + 50 min.
 Hospital, institution, or street address where death occurred:
3 Wright Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3 Wright Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Baby Boy Johnson

3. (b) Social Security Number

4. Sex Male 5. Color or race colored 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1946 6. (c) If alive, give age _____ years

8. AGE: Years Months Days It less than one day
0 0 0 5 hrs. 50 min.

9. Birthplace Cambridge, Baltimore Co., Md.
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name James Jones

13. Birthplace Cambridge, Md.

14. Maiden name Alarothy Johnson

15. Birthplace Croft, Md.

16. Informant Alarothy Johnson

Address Cambridge, Md.

17. Burial Date thereof 2-17-46
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Silent City

Location Cambridge, Md.

18. Funeral director John A. Bismeyer

Address Cambridge, Md.

19. 2/17 19 46 John Macfarlane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1946 at 6:05 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from death on arrival

and that I last saw him alive on _____ 19____

Immediate cause of death asphyxia

DURATION 5 hrs. 50 min.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2-10-46

Where did injury occur? Cambridge, Baltimore Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury Motor car rolled over on hill Injured at work? no

Eldridge & Co. off. Md.

23. SIGNATURE John A. Bismeyer M. D. or other

Address Cambridge, Md. Date signed 2-10-46

FEB 16 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

01560

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Anne ArundelCity or town Centreville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne ArundelCity or town Centreville
(If outside city or town limits, write RURAL and give nearest town)Street No. 125 Washington St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Barth Lee

3. (b) Social Security Number

4. Sex female5. Color or race ca6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 14 1883

8. AGE: Years Months Days If less than one day

62 7 24 hrs. min.9. Birthplace Norfolk Va
(Town, county, and state)10. Usual occupation Home Work

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant May N. StonyAddress Centreville Md17. Burial Date thereof Feb 17 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CentrevilleLocation Centreville Md18. Funeral director Sammy BayneAddress Centreville Md19. 2/14/46 19 46

(Date rec'd by registrar)

Registrar John MacfarlandAddress Centreville Md23. SIGNATURE Carol M. O'CaseyM. D. or other MDAddress Centreville MdDate signed 2-13-46

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 19 46 at 6:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 1 19 46 to February 8 19 46and that I last saw him alive on February 7 19 46

Immediate cause of death

Coronary EdemaCoronary ThrombosisDue to CholesterolDURATION 8 mo

Due to

Due to

Due to

Due to

Other conditions See HypertensionDURATION 14 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

FEB 16 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 59

CERTIFICATE OF DEATH

01561

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County..... Worcester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 4 yrs. 10 mos.
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution?..... 4 yrs. 10 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Queen Anne
 City or town..... Pondtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war.....

3. (a) FULL NAME

William E. Lynch

3. (b) Social Security Number

none

4. Sex..... Male
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... Mary Graham
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... 1862
 8. AGE: Years..... 83 Months..... Days..... It less than one day..... hrs. min.

9. Birthplace..... Morgnes Kent county Maryland
 (Town, county, and state)
 10. Usual occupation..... Farmer
 11. Industry or business..... Unknown
 12. Name..... Perry L. Lynch
 13. Birthplace..... Maryland
 14. Maiden name..... Ruth Ann Crouch
 15. Birthplace..... Maryland

16. Informant.....
 Address..... Cambridge, Maryland
 17. Burial Date thereof..... Feb 25, 1946
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory..... CHESTER CEM.
 Location..... KENT CO. MARYLAND.
 18. Funeral director..... J. Willis Wells
 Address..... Chesertown, Md.
 19. 2/23 19 46 John M. J. M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 22 19 46 at 10 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 4 19 41 to Feb 22 19 46
 and that I last saw h..... im alive on February 22 19 46
 Immediate cause of death.....
Bronchopneumonia
 Due to.....
General and Cerebral Arteriosclerosis
 Due to.....
Senility
 Other conditions..... Epithelioma of left cheek
 (Include pregnancy within 3 months of death)

DURATION

5 dsunknown11

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... Grace M. Branscombe M. D. or other
 Address..... Cambridge, Md. Date signed..... 2/22/46

RECEIVED

FEB 25 1946

BUREAU V.B.

Evidence for change of sex
of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 737

01562

CERTIFICATE OF DEATH

Reg. Dist. No. 278

FILM No. 100 FEB 21 1946

1. PLACE OF DEATH:

County.....Dorchester
City or town.....Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....13 yrs. 21 ds
Hospital, institution, or street address where death occurred:
.....Eastern Shore State Hosp.
How long in hospital or institution?.....13 yrs. 21 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland.....County.....Somerset
City or town.....Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION) ✓
2.(a) If veteran, name war.....

3. (a) FULL NAME

Janie Mae Mister

3. (b) Social Security Number

none

4. Sex.....Male
Female
5. Color or race.....White
6.(a) Single, married, widowed, or divorced.....Married
6.(b) Name of husband or wife.....John Ernest Mister
6.(c) If alive, give age.....unknown
7. Birth date of deceased (mo., day, yr.).....February 9 1975
8. AGE: Years.....70 Months.....11 Days.....26 If less than one day.....hrs.min.

9. Birthplace.....St. Mary's County, Md.
(Town, county, and state)

10. Usual occupation.....None

11. Industry or business

12. Name.....Haze Diggs

13. Birthplace.....Virginia

14. Maiden name.....Ellen Beasley

15. Birthplace.....Maryland

16. Informant.....Hospital Records

Address.....Cambridge, Maryland

17. Burial.....Date thereof.....2/10/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....St. Pauls

Location.....Cambridge Md

18. Funeral director.....Edward J. Green

Address.....306 Main St Cambridge Md

19. 2/9/46 19.....C.E. Pulliam Jr. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....February 7.....1946.....at.....43.0 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from.....June 1 1939.....to.....February 7 1946.....and that I last saw him.....alive on.....February 6.....1946.....

Immediate cause of death.....Acute Cardiac Decompensation.....2 ds

Due to.....Chronic Myocarditis & Myocardial.....1 yr

Due to.....generation.....

Other conditions.....Bronchitis.....4 ds

Psychosis with Convulsive Disorder
(Include pregnancy within 3 months of death) Epilepsy.....15 yrs

Major findings of operations.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....

Where did injury occur?.....(City or town).....(County).....(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....Injured at work?

23. SIGNATURE.....M. D. or other

Address.....Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 13 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH
birth date of deceased is shown on 2411 N. Charles St., Baltimore 83-2

01563

FILM No. I 0 0 MAR 5 1946

CERTIFICATE OF DEATH



Reg. Dist. No. 111

1. PLACE OF DEATH:

County Howe

City or town Secretary
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Cygnatus N. Moyer

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) July 29, 1861 6.(c) If alive, give age..... years

8. AGE: Years 84 Months 8 Days 8 If less than one day..... hrs. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual occupation Farmster

11. Industry or business

12. Name Cygnatus N. Moyer

13. Birthplace Austria

14. Maiden name Hannah Kress

15. Birthplace Austria

16. Informant Low Moyer

Address Secretary

17. Burial Date thereof Feb 26 1946
(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Secretary

18. Funeral director F.B. Molloughly

Address East New Market

19. Feb. 23 19 46 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 19 46 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 21 19 46 to February 22 19 46, and that I last saw him alive on February 22 19 46.

Immediate cause of death Cerebral Thrombosis

DURATION

24

Due to Arteriosclerosis

10 yrs.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE J. B. Molloughly M. D. or other

Address Purman In Date signed Feb 23 46

RECEIVED
MAR 1 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 81

CERTIFICATE OF DEATH

01564

Reg. Dist. No. 119

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Bishops Head
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Bishops Head
(If outside city or town limits, write RURAL and give nearest town)

Street No. Bishops Head
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Glennie Flora Murphy

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife Winfield Pritchett
Murphy Died 1941

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1870

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
75 2 17 hrs. min.

9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name John Murphy

13. Birthplace Bishops Head, Maryland.

14. Maiden name Laura Lewis

15. Birthplace Hoopersville, Maryland.

16. Informant Milton Murphy - son
Address Bishops Head Md

17. Burial Date thereof Feb. 12, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Murphy Family Cemetery

Location Bishops Head, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Feb 11 1946 Winfield D Pritchett
(Date rec'd by registrar) Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9, 1946 at 9:15 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Sept 3 1944 to Feb 1 1946
and that I last saw him alive on Feb. 1 1946

Immediate cause of death Myocarditis

DURATION

2 years

Due to

Due to

Other conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. H. Trench

M. D. or other

Address Cambridge Md Date signed 2/11/46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10210
RECEIVED
FEB 14 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1344

CERTIFICATE OF DEATH

01565

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Rural-Fishing Creek
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Fishing Creek
 (If rural, give LOCATION)
 2.(c) If veteran, name war -

3.(a) FULL NAME

William Phillips

3.(b) Social Security Number

no -

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Mahala Parker Phillips
Deceased-8/28/1939 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 10, 1872
 8. AGE: Years 73 Months 8 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Meekins Neck, Dor. Co., Md.
 (Town, county, and state)
 10. Usual occupation Waterman
 11. Industry or business Seafood
 12. Name John R. Phillips
 13. Birthplace Maryland
 14. Maiden name Mary A. (Phillips) Burton
 15. Birthplace Maryland

16. Informant Miss Bertha Phillips
 Address Fishing Creek, Maryland.
 17. Burial Burial Date thereof Feb. 19, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hoosier Memorial Cemetery
 Location Fishing Creek, Maryland.

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. Feb 18 46 James W. Meace
 (Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH February 17, 1946 at 6:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1946 to Feb 17 1946
 and that I last saw him alive on Feb 17 1946

Immediate cause of death Chronic Exocarditis DURATION 1 week
and decompensation
caused by high blood pressure
 Due to Chronic Arteriosclerosis
and
Chronic Arteriosclerosis

Other conditions Chronic Bronchitis
and
Hypertension
 (Include pregnancy within 3 months of death)

Major findings of operations X Date of op. _____

Autopsy results X
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE James W. Meace M.D.
Fishing Creek, Md. M. D. or other
 Address _____ Date signed 2/18/46

DEPT. OF COMMERCE - BUREAU OF CUSTOMS

RECEIVED - CUSTOMS

RECEIVED

FEB 23 1946

BUREAU OF CUSTOMS

Evidence for addition of sex
& color is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

01566

FILM No. I 00 FEB 26 1946 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Airey md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural Airey
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

George W Pinder

3.(b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)

6.(c) If alive, give age years

8. AGE:

Years 73 Months 6 Days 27 if less than one day
hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Data rec'd by registrar)

19

46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1946 at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 8 1946 to Feb 15 1946
and that I last saw alive on Feb 14 1946

Immediate cause of death

Pulmonary Edema

DURATION

1 1/2 d

Due to

Ch. Myocardia
Central Hemorrhage

12 min

Due to

Hypertension

4 d

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Conrad M. Steele
Dr. F. L. S. Jr.

M. D. or other

Date signed 3-16-46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 18 1946
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

01567

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

102 Gay St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 102 Gay St.
(If rural, give LOCATION)2.(a) If veteran, name war -

3.(a) FULL NAME

John Roland Pritchett

3.(b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

widowed6.(b) Name of husband or wife Ella May Todd
(Deceased)6.(c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) May 8, 1885.8. AGE: Years 60 Months 8 Days 25 If less than one day - hrs. - min.9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Waterman11. Industry or business Seafood12. Name Thomas S. Pritchett13. Birthplace Maryland14. Maiden name Laurena Jones15. Birthplace Maryland16. Informant Mrs. Gorton McWilliamsAddress 102 Gay St., Cambridge, Md.17. Burial Date thereof Feb. 5, 1946.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Thomas CemeteryLocation Bishops Head, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Feb. 5, 46 John Macfarlane Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1946 at 6:10 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3 to Feb 3 19 46
and that I last saw him alive on Feb 3 19 46Immediate cause of death Cerebral Hemorrhage DURATION 3 daysDue to Cerebral ArteriosclerosisDue to -Other conditions Multiple Cerebral Hemorrhages
(Include pregnancy within 8 months of death)Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) - (County) - (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE [Signature] M.D. or other -Address Cambridge Md. Date signed 4/4/46

RECEIVED

FEB 8 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

01568

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years 6 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 2 years 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)Street No. No
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

THOMAS FRANK SEWARD

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

B. (b) Name of husband or wife Annie RolphB. (c) If alive, give age 71 years

7. Birth date of

deceased (mo., day, yr.)

September 13 1872

8. AGE:

Years

Months

Days

If less than one day

73419

.....hrs.min.

9. Birthplace Queen Anne's County, Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Self

FATHER
MOTHER12. Name Thomas Henry Seward13. Birthplace ?14. Maiden name Ella Bias15. Birthplace ?16. Informant Hospital Records

Address

17. Buried
(Burial, cremation, or removal. Which?)Date thereof 2-5-46
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 2/13/46
(Date rec'd by registrar)19. 46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2, 1946 19..... at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 26, 1944 19..... Feb. 2, 1946 19.....and that I last saw him alive on Feb. 2, 1946 19.....Immediate cause of death Broncho pneumonia

DURATION

2 daysDue to Hypertensive cardio-renal-vascular disease

Indef.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed 2-2-46

RECEIVED
FEB 6 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(c) If veteran, name war.....

3. (a) FULL NAME

John H. Short.

3. (b) Social Security Number

4. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec 17 1869

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

764

hrs.

min.

9. Birthplace

md
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

William Short.

13. Birthplace

md

MOTHER

14. Maiden name

Mary Mooney.

15. Birthplace

md

16. Informant

Mrs J. B. Saunders

Address

Cambridge

17. (Burial, cremation, or removal) Which?

Date thereof

Feb 18 1946
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Secretory

18. Funeral director

Address

J. B. Willoughby
East New Market.

19.

2/18/46
(Date rec'd by registrar)

19.

46John Mooney, md

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1946 at 6:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1945 to Feb 1946
and that I last saw him alive on February 17, 1946

Immediate cause of death

Chronic Myocarditis

DURATION

1 yearDue to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hugh Brown M.D.

M. D. or other

Address

Cambridge, md.

Date signed

2/17/46.

DEPARTMENT OF HEALTH

STATE OF OHIO

RECEIVED

FEB 21 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (922)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 Days

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Sewards
(If outside city or town limits, write RURAL and give nearest town)Street No. RED # 2
(If rural, give LOCATION)2(a) If veteran, name war -

3. (a) FULL NAME

William C. Shorter

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Sallie Insley
(Deceased)

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1873.8. AGE: Years 73 Months 1 Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Sewards, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name William S. Shorter13. Birthplace Maryland.14. Maiden name Martina Shorter15. Birthplace Maryland.16. Informant Mr. Guy S. ShorterAddress High St., Cambridge, Maryland.17. Burial Date thereof Feb. 21, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Insley Family CemeteryLocation Sewards, Dor. Co., Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 2-20-46 John Manfr Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18, 1946, at 7: A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1946 to Feb 19 1946
and that I last saw him alive on Feb 18 1946Immediate cause of death Coronary occlusion DURATION 4 daysDue to Valvular Heart Disease 6 yrs.Due to Senescent Arterio Sclerosis 1 yr.Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations noneDate of op. noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John Manfr M. D. anotherAddress Cambridge Md Date signed 2-19-46

RECEIVED

FEB 21 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 34

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
Near Eldorado
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Eldorado
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Arminta May Sipes

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife George L. Sipes
 6.(c) If alive, give age 87 years
 7. Birth date of deceased (mo., day, yr.) January 20, 1865
 8. AGE: Years 81 Months 0 Days 18 If less than one day
hrs.min.

9. Birthplace Iowa
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name Sylvester Ingles
 13. Birthplace Indiana

MOTHER 14. Maiden name Sarah Garner
 15. Birthplace Kentucky

16. Informant George L. Sipes
 Address Rhodesdale, Maryland, R.T.O.

17. Burial Date thereof February 11, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Eldorado Cemetery
 Location Eldorado, Maryland

18. Funeral director P. J. Thompson and Son
 Address Feldersburg, Maryland

19. Feb. 19 19 46 Chas. W. Hastings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 19 46 at 8:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 45 to Feb 8 19 46

and that I last saw him alive on Feb 4 19 46

Immediate cause of death Paralysis agitans DURATION 6 years

Due to

Due to

Other conditions La grippe met.

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Thompson M. D. or other

Address Thompson Rd Date signed 2/11/46

RECEIVED

FEB 26 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-2

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

Country BaltimoreCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Perry Slaum

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced widower

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 8 18578. AGE: Years 88 Months 10 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace md
(Town, county, and state)10. Usual occupation farmer

11. Industry or business _____

12. Name Robert Slaum13. Birthplace md14. Maiden name Harvitt15. Birthplace md16. Informant John SlaumAddress East New Market17. Burial Date thereof Feb 10 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation East New Market18. Funeral director F.B. MullerAddress East New Market19. Feb 9 19 46 Elizabeth C Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 19 46 at 9 40 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 7 19 46 to Feb 7 19 46and that I last saw him alive on Feb. 7 19 46Immediate cause of death Myocardial failure

DURATION

Due to Senility

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Miss B. Shuman M.D.

M. D. or other

Address Harlock, Md. Date signed Feb. 9, 1946

RECEIVED
FEB 12 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 176-2

CERTIFICATE OF DEATH

01573

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester (Public)
 City or town Rural near Madison Highway
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1023 minutes
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Taylor's Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. None (If rural, give LOCATION)
 2.(a) If veteran, name war unknown

3. (a) FULL NAME

George E. Tilghman

3. (b) Social Security Number

unknown

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Naomi Virginia Tilghman
 7. Birth date of deceased (mo., day, yr.) Sept. 28th 1912 6.(c) If alive, give age 30 years
 8. AGE: Years 33 Months 4 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Labourer11. Industry or business Canning Factory12. Name George E. Tilghman13. Birthplace Unknown14. Maiden name Emma Jane Olayow15. Birthplace Maryland16. Informant Naomi Virginia TilghmanAddress Taylor's Island, Md.17. Burial, cremation, or removal, Which? Burial Date thereof Feb 21 1946
 (month) (day) (year)

Cemetery or crematory _____

Location Taylor's Island, Md.18. Funeral director Lewis H. BagnessAddress Cambridge, Maryland19. 2-19- 19 46 John Mace Jr MD Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 19 46, at 5:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 19 _____
 and that I last saw him alive on arrival 19 _____

Immediate cause of death Crushed Skull DURATION Instant

Due to (Auto accident)

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Feb 16 1946Where did injury occur near Madison Dorchester Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public RoadMeans of Injury Automobile accident Injured at work? no

Eldridge H. Wolff MD.

23. SIGNATURE acting Deputy Medical Examiner M. D. or other _____Address Cambridge, Md. Date signed 2-19-46

RECEIVED

FEB 21 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-4)

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County DorchesterCity or town Honga

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Rural-HongaHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Honga

(If outside city or town limits, write RURAL and give nearest town)

Street No. Honga

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Wilfred Tyler

3. (b) Social Security Number

Social Security Number is being supplied

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Lucy Lewis Tyler8. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) Nov. 2, 1868

8. AGE: Years Months Days If less than one day

77 4 3 8 hrs. min.9. Birthplace Honga, Dor. (Meade Co.), Maryland.

(Town, county, and state).

10. Usual occupation Boat Builder - Carpenter11. Industry or business Boat Building12. Name Jabez Tyler13. Birthplace Maryland14. Maiden name Mary Emily Tyler GOOTE15. Birthplace Maryland.16. Informant Isidore MeredithAddress Cambridge, Maryland.17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 13, 1946Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.19. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Feb. 11 1946 James D. Meade

(Date rec'd by registrar) LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1946 at 2: P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 1945 to Feb. 10 1946and that I last saw him alive on Feb. 10 1946Immediate cause of death Coronary thrombosis

DURATION

1/2 hourDue to Endocarditis6 mrsDue to Anti + Chronic SubacuteArteritisOther conditions Emphysema

(Include pregnancy within 3 months of death)

Major findings of operations 2 mDate of op. 2 mAutopsy results 2 m

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide 2 m Date of 2 m

Where did injury occur? (City or town) (County)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Meade M.D.

M. D. or other

Address Isidore Creek MdDate signed Feb. 11/46

RECEIVED

FEB 14 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-2

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? ✓

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ✓ County ✓City or town ✓
(If outside city or town limits, write RURAL and give nearest town)Street No. ✓
(If rural, give LOCATION)2(a) If veteran, name war ✓

3. (a) FULL NAME

LINDA JEAN "Infant" Willey 400

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Infant8. (b) Name of husband or wife Infant6. (c) If alive, give age ✓ years7. Birth date of deceased (mo., day, yr.) Feb. 22, 1946.8. AGE: Years ✓ Months ✓ Days ✓ If less than one day 3 hrs. ✓ min.9. Birthplace Cambridge, Maryland.
(Town, county, and state)10. Usual occupation ✓11. Industry or business ✓12. Name Linwood Willey13. Birthplace Maryland14. Maiden name Blanche English15. Birthplace Sharptown, Maryland.16. Informant Mr. Linwood WilleyAddress Rambler Rd., Cambridge, Md.17. Burial Date thereof Feb. 23, 1946.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 2/25/46 19 46 John Macfarland
(Date recorded by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23, 1946 at 3: A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-23 19 46 to 2/23 19 46and that I last saw h. CR alive on 2-23 19 46Immediate cause of death Thrombosis of placenta
cord due to torsion
of fetus -
hypertension of lungs
with hemorrhage.

DURATION

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address Cambridge, Md. Date signed 2/26/46

RECEIVED

FEB 27 1946

BUREAU